

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>9/5</i>		<i>10/5/94</i>
O.I.P.E. CLASSIFIER		<i>15</i>	<i>10/12/94</i>
FORMALITY REVIEW		<i>69652</i>	<i>10/13/94</i>

**INDEX OF CLAIMS**

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)..... Canceled    A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Claim	Date
Final Original	
1	<i>4/13/02</i>
2	<i>9/30/03</i>
3	<i>1</i>
4	<i>1</i>
5	<i>1</i>
6	<i>1</i>
7	<i>1</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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